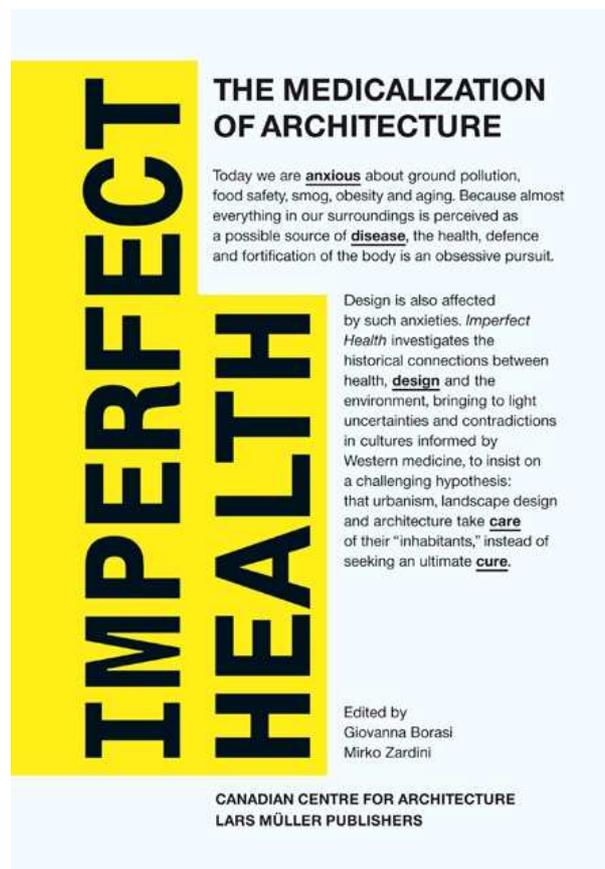


**IMPERFECT HEALTH: THE MEDICALIZATION OF  
ARCHITECTURE (EDITED BY BORASI AND ZARDINI, LARS  
MÜLLER PUBLISHERS, ZURICH, SWITZERLAND, 2012, ISBN  
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Transdisciplinarity is an essential condition for studying and designing the human habitat, from the spatial planning of large territories to civil engineering details, including urban and architectural planning (Petrișor 2013). Its importance is crucial to understanding and deriving sound solutions to a very important nexus governing the life of inhabitants: social issues – environmental constraints – health and welfare. The issues are not new; it is sufficient to recall Dr. John Snow’s study of 1854 cholera outbreak in London, or the even older roots of the word ‘malaria’, suggesting a connection between the presence of this disease and breathing some ‘bad air’. Both examples suggest what

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epidemiologists consider an essential principle – the connection between place (and living conditions) and human health. The new additions concern environmental issues; humans altered the environment, and the altered environment turns against those who damaged it. Examples include smog, asthma due to pollution, water which is no longer safe for drinking or heat islands. There are also social issues: increasing urban population, aging population (which, even though living longer, faces more problems, including medical ones), social exclusion and many others.

A vast literature exists on each individual piece of the puzzle. Its largest part deals with designing hospitals and other health care facilities (Taylor 1991, Nesmith 1995, Scher 1996, MacNaughton et al 2007), but other authors describe in more depth the conformation of architecture with the needs of particular categories, such as the elderly (Jara et al 2009), particularly those confronting diseases and medical conditions (Schwarz and Brent 1999). For the latter and in the particular case of Sweden, design is taken further to the urban scale, to stress out the importance of green spaces for their life (Stigsdotter 2005). Other authors look at the architectural needs of cigarette smokers (Zhang et al 2006), or, in more general terms, at architectural dimensions, including interior design, which affect human health (Evans and McCoy, 1998). Conformation with environmental criteria is discussed under the sustainability framework (Lyubomirsky et al 2005), or in particular relationship with the new requirements of the European Union (Edwards, 1996). The common characteristics of these studies are that each one is carried out from a particular viewpoint (environmental psychology, medicine or epidemiology, planning and design, sociology etc.), and addresses a particular issue, filling in a small gap. A huge effort is required in order to put the pieces together in a hole and understand the entire nexus.

An attempt in this direction is *‘Imperfect health: The medicalization of architecture’*, edited by Giovanna Borasi and Mirko Zardini (with essays by Margaret Campbell, Nan Ellin, David Gissen, Carla C. Cairns, Linda Polak, Hillary Sample, Sarah Schrank and Deanne Simpson), published by Lars Müller Publishers in Zurich, Switzerland in 2012. 399 pages of text and many full color illustrations discuss all the aforementioned issues, and many others: the city as a body (sick or healthy, with consequent effects over its dwellers), nature (as a cure or source of diseases, when man intervenes over it), allergic landscapes and environments, tuberculosis (and associated lifestyle and architecture), emergency urbanism and architecture, role of social interactions (and their urban and architectural requirements), sedentary culture and aging population (along with their planning and design demands) and many other issues are thoroughly discussed and exemplified.

*‘What this book is about’*. The book was designed to accompany the exhibition with the same title hosted by the Canadian Centre for Architecture during 25 October 2011 – 15 April 2012 and extend the research presented within the eight chapters with different authors: *‘Demedicalize architecture’* (Giovanna Borasi & Mirko Zardini), *‘Allergic landscapes, built environments and human health’* (Carla Keirns), *‘A theory of pollution for architecture’* (David Gissen), *‘Strange bedfolds: Modernism and tuberculosis’* (Margaret Campbell), *‘Emergency urbanism and preventive architecture’* (Hilary Sample), *‘Your city yourself’* (Nan Ellin), *‘Architecture as infrastructure for interactiv-*

ity' (Linda Pollak), 'Gerotopias' (Deane Simpson), and 'Sunbathing in suburbia: Health, fashion and the built environment' (Sarah Schrank).

The book could easily be used as a study guide. To facilitate this possibility, key words are underlined everywhere throughout the book, including the text and image captions. Examples and illustrations are part of the learning process. A future designer will be able to find sufficient elements allowing her or him to build up sustainable habitats.

*'What this book is not about'*. It is certainly not a cookbook for the architectural designer or urban planner, even though the ingredients are contained. The book includes all principles and examples needed to design healthy buildings or plan for healthy cities, but does not aim to provide for a panacea or offer general solutions, but instead to ask questions and present uncertainties and contradictions (p. 16). The art of putting all pieces together should belong to the designer.

The book *is* about the results of research, but intended for a broader audience (including researchers, academia – and students with backgrounds or interests in medicine, epidemiology and other health-related subjects, environmental sciences, planning and design, but also a general audience). It reads easily even by those who are not entirely familiar with all topics. While the approach is trans-disciplinary, the jargon of each particular area is avoided, making the text easily readable.

*'What are the key points?'* We live in a society obsessed by health and concerned with environmental issues (p. 15), which has damaged its ambient (p. 17). Therefore, we attempt to regenerate the urban body (p. 18) and create fit buildings (p. 28). 'Green' may be a positive solution (pp. 19, 366) for cities. Moreover, in our ageing (pp. 31, 347), segregated (p. 36) and sedentary (p. 253) society, but with longer life expectancy (p. 35), social interactions can help burning calories (pp. 31, 267, 281). The key is a human habitat designed for humans (p. 257), similar to the 'cities for people' (Gehl 2010).

In more details, the quality of human habitat must account for health issues from the architectural details to the entire city; we are the ones to design healthy or sick cities (p. 231) or buildings (p. 251). Sick buildings can trigger heart attacks and stroke (p. 251). Among the urban diseases, allergies (pp. 97-98) are the most important, leading to asthma and tuberculosis (pp. 99-101). Buildings and cities must prevent allergies and reduce their effects. The process must start with our home, where mites and cockroaches trigger allergies (p. 110). However, the main cause is pollution (p. 117), including indoor cigarette smoking (p. 128), and designers must account for it. In addition, special design criteria are required for tuberculosis, applicable to interior (pp. 146-149), architectural (pp. 139-145) and urban (pp. 135-136) design, but also to special facilities (pp. 137-138). The menace of urban epidemics points to the choice of isolation vs. quarantine in order to defend the city (pp. 234-238).

*The take-home message* is that proper design, which is in our hands, could be the solution for mitigating the effects of an altered environment against us and better off the social climate. The tools exist, but there is a strong need for thinking ahead over the people when starting the design process, be it for a single building or entire city. Nevertheless, in order to be successful, the design process must be de-medicalized.

Overall, the book is successful in completing the puzzle needed to understand the social – environmental – health nexus, illustrating each possible relationship in both ways (e.g., influence of environmental conditions on human health in the city, but also a healthy design, able to encompass the natural environment for bettering off health or mitigate the harmful consequences of pollution and warming climate). At the same time, it provides *solutions* in each case, and from this perspective represents a ‘must read’ for a future planner or designer.

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